

DEPARTMENT OF THE ARMY  
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER  
6900 Georgia Ave., NW  
Washington, DC 20307-5001

WRAMC Regulation  
No. 40-97

26 July 2002

Medical Services  
**PREVENTING AND RESPONDING TO INFANT/CHILD ABDUCTION - CODE ZERO**

**1. History.**

This is a revised regulation that supercedes WRAMC Reg 40-97, dated 20 Jul 99.

**2. Purpose.**

To establish policies and practices which will reduce the risk of infant/child abduction and establish the proper procedure to follow when an infant/child is believed to have been abducted.

**3. Applicability.**

This regulation applies to all areas of Walter Reed Army Medical Center.

**4. Explanation of Abbreviations and Terms.**

Explanations of abbreviations used in this publication are in the glossary.

**5. Responsibilities.**

A. The Ward/Clinic Nurse will:

(1) Immediately notify the Charge/Head Nurse upon suspicion or notification that an infant/child is missing from a Ward/Clinic.

(2) Search, assisted by other nursing personnel, the primary and adjacent areas to confirm that the infant/child is missing.

(3) Question parent(s), if available, about the possible location of the missing infant/child.

(4) Question, where applicable, other adults in the infant's/child's room as to possible etiology of the missing infant's/child's whereabouts.

(5) Insure, where applicable, that all other infants/children are accounted for.

(6) Use the term "**CODE ZERO**" to identify the occurrence of a missing/lost infant/child.

(7) Supply the following information when making the notification:

(a) Infant's/child's name

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\* This regulation supersedes WRAMC Regulation 40-97, dated 20 July 1999.

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- (b) Age
- (c) Gender
- (d) Color Hair
- (e) Color Eyes
- (f) Skin tone
- (g) Clothes last seen wearing
- (h) Status as Inpatient/Outpatient/Visitor
- (i) Other identifying physical features (i.e. scars, casts, etc.)

(8) Notify the following, after verifying that an infant/child is missing:

- (a) WRAMC Police
- (b) Executive Officer/Administrative Officer of the Day
- (c) Nursing Section Chief/Nursing Supervisor
- (d) Senior Pediatric Resident
- (e) Chief, Pediatrics

(9) While the notification process is taking place, designate a staff member to move the family members to a private area/room. Patient and family belongings should not be moved or disturbed in order to maintain the integrity of the crime scene.

B. WRAMC Executive Officer/AOD will:

- (1) Initiate the public address announcement of a "**Code Zero**" throughout the hospital.
- (2) Send a WRAMC-wide electronic announcement which identifies the information included in paragraph 5A(7) above. If the event is a drill, the correspondence will indicate "TEST EXERCISE MESSAGE" at the top and bottom.
- (3) Notify the following personnel:
  - (a) Provost Marshal Office
  - (b) DCCS
  - (c) DCA
  - (d) DCN
  - (e) WRHCS Commander
  - (f) Chaplain's Office

(g) PAO

(4) Coordinate all further efforts as identified in the section physical security plan and log the sequence of events/actions taken on DA Fm 1594.

C. The Nursing Section Chief/Nursing Supervisor will:

(1) Assist the Ward/Clinic with its immediate search.

(2) Facilitate communication within the nursing chain of command protocol and the appropriate Ward/clinic Head Nurse if they are not on duty.

(3) Inform and provide reassurance to other families in the Ward/Clinic.

(4) Designate a staff member to report to the Command Post at the Building 2, first floor, Information Desk to provide liaison assistance.

(5) Designate an observer during mock infant/child abduction drills.

D. The WRAMC DA Police Patrols will:

(1) Mobilize available police resources and converge on the Information Booth on the first floor of Building 2. The first officer to arrive will begin screening all persons exiting the building using then information obtained from the nursing personnel. Particular attention should be placed on persons leaving the building with large bags or containers.

(2) Coordinate with the XO/AOD efforts to secure the second and third floor doors and the tunnel between Buildings 1 and 2. The method of securing these areas is identified in section 6.

E. The Provost Marshal Office will:

(1) Dispatch personnel to establish a Command Post at the Information Booth on the first floor of Building 2 in order to coordinate search efforts by Military Police/WRAMC Police.

(2) Notify all installation access/exit control point personnel of the occurrence of an infant/child abduction. Provide additional guidance to personnel on searches of those vehicles exiting the installation. Included will be the information provided in paragraph 5A(7) above.

(3) Contact other agencies per their policies (i.e., Criminal Investigation Division) to provide assistance in the investigation of the missing infant/child.

(4) Notify the Garrison Commander.

(5) Determine when internal security may be lessened and forward the directive to each access control point through the command post.

(6) Keep areas involved in the security of the building aware of what agency is managing the search efforts and investigation. If the efforts are turned over to the Criminal Investigation Division, the Head Nurse/Charge Nurse of the Ward/Clinic will be informed. The PMO will keep hospital personnel informed at all times as to whom is authorized to release personnel.

(7) Coordinate and liaison with other civilian/military investigative services.

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F. The Medical Center Security Office will:

(1) Initiate a **CODE ZERO** drill at least every six (6) months or more frequently if determined through personnel performance surveys, assessments and inspections.

(2) Prepare an After Action Report with input from the:

(a) Provost Marshal/WRAMC Police.

(b) Medical Center Security Office.

(c) Chief, Department of Pediatrics/Senior Resident.

(d) Nursing Unit personnel.

(e) Chaplain.

(f) Public Affairs Officer.

(g) Nursing Section Chief/Nursing Supervisor.

(h) Executive Officer.

(i) Family Members.

(j) Other families/patients who may have been involved.

(k) Individuals determined to have pertinent information.

(3) Complete the After Action Report within ten working days of the Code Zero drill.

(4) The After Action Report will be sent to:

(a) Chief, Department of Pediatrics.

(b) Hospital Security Office.

(c) Provost Marshal.

(d) DCA.

(e) DCCS.

(f) DCN.

(g) PAO.

(h) Executive Officer.

(i) Head Nurse of the Ward/Clinic.

(j) Nursing Section Chief.

(k) Chaplain.

(l) Chief, Hospital Performance Improvement Office.

(m) Patient Safety Program Manager.

(5) Conduct periodic spot checks of clinics and wards to determine staff familiarity with this regulation and their local Physical Security Plans. The results of spot checks and inspection findings pertaining to infant abductions will be reported to the wardmasters and/or clinic/department NCOIC of the location being evaluated.

(6) Act as an observer/controller for all infant/child abduction drills conducted in the hospital.

G. The Public Affairs Officer will:

(1) Report to the CP to establish a liaison with members of the public and military media. Unless otherwise directed by the WRHCS Commander, the PAO will be the only person who speaks with members of the media.

H. The Department of Pediatrics will:

(1) Direct the Senior Pediatric Resident to notify the following personnel:

(a) Pediatric Attending (if infant/child is an inpatient).

(b) C, Pediatric Inpatient Service (if child is an inpatient).

(c) C, Department of Pediatrics.

(d) C, of appropriate service if patient is being seen in an area other than Pediatrics. (i.e., Chief of Emergency Services if the infant/child was a patient in the Emergency Department).

(2) The senior Pediatric Resident determines through record review and limited discussion with family members, the medical condition and needs of the missing infant/child. This information will be reported on a need to know basis in order to protect patient confidentiality.

(3) The Senior Pediatric Resident conducts a complete and thorough physical exam with diagnostic tests as indicated when the infant/child returns.

(4) The Chief, Department of Pediatrics may reassign the Senior Resident's duties to other members of his/her staff.

(5) The Chief, Department of Pediatrics reports to the CP to provide medical liaison as needed.

(6) The attending Pediatrician or Senior Resident notifies the family of the missing/lost infant/child.

I. The Chaplain's Office will:

(1) Assign a member of the Chaplain's Office to the involved family. This assignment will be for the entire time the family is at WRAMC but may be rotated if necessary.

(2) Assist the parent(s) in contacting other family members as desired.

(3) Interact between the family and the Red Cross if a service member's presence is desired.

(4) Notify if needed or requested, the involvement of Social Work Service and/or Liaison Psychiatry.

## **6. Medical Center Lockdown Procedures**

A. Upon notification of a **CODE ZERO** over the public address system, the following actions will immediately take place to secure the hospital during **DUTY HOURS (M-F, 0700-1700):**

(1) The Emergency Room (ER) Charge/Head Nurse will post personnel to secure and evaluate movement at the doors for the ER and the first floor hallway exit doors immediately West of the ER.

(2) The MRI Supervisor will post personnel to secure and evaluate movement in the tunnel between buildings 1 and 2. That same individual posted to control access/egress in the tunnel will control the exit doors in the tunnel to the North of the MRI department.

(3) The Information desk will post personnel at the first floor doors (East) leading to the underground parking garage/valet parking area.

(4) The command group will post personnel at the second floor main doors (East) and the exit door on the Southeast corner of the second floor.

(5) Director of Logistics (DOL) personnel will secure and evaluate movement at the second floor (South) terrace doors.

(6) Morgue personnel will secure and evaluate movement at the second floor (Southwest) stairwell doors and the hallway exit doors adjacent to the morgue entrance.

(7) Material distribution center (MDC) supervisor/NCOIC will post personnel to secure and evaluate movement at the doors adjacent to the morgue entrance in an effort to assist in covering the high volume of personnel movement. In addition, MDC personnel will control access in and out of the delivery door located on the West side leading to the loading dock.

(8) Medical Library staff members will secure and evaluate movement at the second floor (Northwest) stairwell door.

(9) Central Material Supply (CMS) supervisor/NCOIC will post personnel to secure and evaluate movement at the second floor (Northwest) hallway doors and the exit doors to the East leading down to the Northeast hallway.

(10) The Department of Nursing (DON) will secure and evaluate movement at the second floor (Northeast) main hallway doors and the exit stairwell door located on the Northeast corner of the building.

(11) The Orthopedic Lab supervisor will post personnel to secure and evaluate movement at the third floor loading dock doors on the West side of the building.

B. Upon notification of a **CODE ZERO** over the public address system, the following actions will immediately take place to secure the hospital During **NON-DUTY HOURS (M-F 1700-0700, 24 hours on Saturday-Sunday (including holidays):**

(1) The Emergency Room (ER) Department Charge/Head Nurse will post personnel to secure and evaluate movement at the doors for the ER and the first floor hallway exit doors immediately West of the ER.

Additionally, the ER Charge/Head Nurse will post personnel to secure and evaluate movement in the tunnel between buildings 1 and 2. In addition, they will establish egress controls at the exit doors in the tunnel to the North of the MRI department.

(2) The AOD coordinates with the command group to determine whether personnel are present to secure the second floor (East) and the command group terrace door. The assistant AOD will lock the main door (2<sup>nd</sup> floor) when personnel are not present to evaluate people departing the building. The AOD will post the assistant AOD at the first floor doors (East) leading to the underground parking garage/valet-parking area until properly relieved by a WRAMC DA police patrol.

(3) The Biological Main Lab personnel will secure and evaluate movement on the second floor (South) terrace doors and the stairwell doors on the Southeast corner of the building.

(4) Morgue personnel will secure and evaluate movement at the second floor (Southwest) stairwell doors and the hallway exit doors adjacent to the morgue entrance.

(5) Material distribution center (MDC) supervisor/NCOIC will post personnel to secure and evaluate movement at the doors adjacent to the morgue entrance. In addition, MDC personnel will control access in and out of the delivery door located on the West side leading to the loading dock and the stairwell doors on the Southwest and Northwest corners.

(6) Central Material Supply (CMS) supervisor/NCOIC will post personnel to secure and evaluate movement at the second floor (Northwest) hallway doors and ALL the exit doors extending to the Northeast corner of the building.

(7) The Orthopedic Lab supervisor will post personnel to secure and evaluate movement at the third floor loading dock doors on the West side of the building.

C. Each Unit/clinic is responsible for securing their respective area. Once their area is secured, they will contact the Command Post at X-6302/3955 to confirm their status and obtain additional information pertaining to the crisis. Information updates pertaining to the crisis will be provided telephonically by the Command Post as necessary.

D. The Environmental Services Branch shift supervisor will report to the command post upon notification of a CODE ZERO to integrate their housekeeping personnel in the search efforts of controlled access areas. (i.e. storage rooms, locked linen closets, etc.)

## **7. Policy.**

A. The protection of infants and children is a proactive responsibility for all medical center staff that is coordinated by the Provost Marshal and the WRAMC Police. Medical center staff will be alert to unusual behavior by visitors. Persons exhibiting unusual or suspicious behavior such as repeated visiting of an area, asking questions about security systems or cradling packages or bags should be immediately reported to the WRAMC Police Station at 782-7511/12/13.

B. Where applicable, medical center staff will insure that parents and other adult family members become familiar with ward/clinic routine and those caring for their children.

C. All medical center personnel will wear a photo Identification Badge.

D. Medical center personnel moving a pediatric patient from a Ward/Clinic to other areas in the medical center will notify the Charge Nurse of their intent upon entering the area.

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The Charge Nurse will confirm the validity of the transport and the transporter, i.e., by inspecting the Photo Identification, prior to releasing the infant/child.

E. WRAMC personnel transporting an infant/child will never leave the patient unattended.

F. WRAMC personnel caring for Pediatric inpatients will insure the patient's Identification Bracelet is worn securely at all times.

G. WRAMC personnel in the outpatient setting will remind parents not to leave their children unattended.

H. Chiefs of the various services named in this regulation will become familiar with its contents and initiate local protocols to insure compliance. These protocols will be identified in the Physical Security Plans established for each of the wards/clinics/departments.

I. CODE ZERO drills will be conducted at least every six (6) months or more frequently if necessary.

J. Participation in the CODE ZERO drills are mandatory for all personnel identified with a responsibility regarding this regulation.



Appendix A

GLOSSARY

AOD.....	Administrative Officer of the Day
C.....	Chief
CP.....	Command Post
DCA .....	Deputy Commander for Administration
DCCS.....	Deputy Commander for Clinical Services
ID.....	Identification
PAO.....	Public Affairs Officer
PMO.....	Provost Marshal Office
WRAMC.....	Walter Reed Army Medical Center
XO.....	Executive Officer

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The proponent agency of this publication is the WRAMC Security Office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-K, 6900 Georgia Ave., NW, Washington, DC 20307-5001.

FOR THE COMMANDER:

OFFICIAL:

JAMES R. GREENWOOD  
COL, MS  
Deputy Commander for  
Administration

A handwritten signature in black ink, appearing to read 'ERIK J. GLOVER', with a large, stylized flourish extending to the left.

ERIK J. GLOVER  
MAJ, MS  
Executive Officer

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